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To:

NAME:	FACSIMILE:	TELEPHONE:
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FROM: Otis B. Littlefield

DATE: June 29, 2005

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Attorney Docket No.: 500862001601
Group Art Unit: 1648
Examiner: Z. Lucas
Application No.: 10/722,733
Filed: November 25, 2003
Title: Long Lasting Synthetic Glucagon Like Peptide (GLP-1)
Inventor: Dominique P. BRIDON

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Enclosed are the following documents:

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1. Transmittal 1 page
 2. Fee Transmittal, in duplicate, 2 pages
 3. Petition for Extension of Time, 1 page
- Comments:

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
VICKI HENRY AT 415-268-6023 AS SOON AS POSSIBLE.

SF-1958010

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PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0851-0031

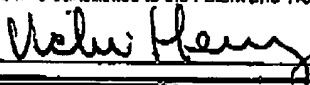
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/722,733	
	Filing Date	November 25, 2003	
	First Named Inventor	Dominique P. BRIDON	
	Art Unit	1648	
	Examiner Name	Z. Lucas	
Total Number of Pages in This Submission	4	Attorney Docket Number	500862001601

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form, in duplicate, 2 pgs. <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request, 1 pg. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: Facsimile cover sheet is the uncounted page in this transmission		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		Customer Number 20872
Signature			
Printed name	Otis Littlefield		
Date	June 29, 2005	Reg. No.	48,751

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.	
Dated: June 29, 2005	Signature:  (Vicki Henry)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4013).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$) 510.00	Attorney Docket No.		500862001601
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify):

☒ Deposit Account Deposit Account Number 09-1952 Deposit Account Name Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	-	=				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
-	-	=				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-	-	=		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,751
Name (Print/Type)	Otis Littlefield	Telephone	(415) 268-6848
		Date	June 29, 2005

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(Vicki Henry)

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PTO/USB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4815).)		Docket Number (Optional) 500862001501	
Application Number 10722,733		Filed November 25, 2003	
For LONG LASTING SYNTHETIC GLUCAGON LIKE PEPTIDE (GLP-1)			
Art Unit 1848		Examiner Z. Lucas	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$50
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/USB/17) is attached to this submission in duplicate.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	
	<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input type="checkbox"/>	attorney or agent of record. Registration Number _____	
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34.	
		Registration number if acting under 37 CFR 1.34	<u>48,751</u>
		Signature	<u>June 29, 2005</u>
		Typed or printed name	<u>June 29, 2005</u>
			<u>(415) 268-6946</u>
			Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of	<u>1</u>	forms are submitted.

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Dated: June 29, 2005

Signature: 

(Vicki Henry)

06/30/2005 GUORDOF1 00000050 031952 10722733

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PAGE 5/5 * RCVD AT 6/29/2005 7:12:26 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-1/4 * DNIS:8729306 * CSID:415 2687522 * DURATION (mm:ss):02:02